

STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
**AMENDMENT TO GRANT AGREEMENT**

<b>PROGRAM NAME:</b>  0101-DC-2003-I14		<b>Grant Number:</b> 06-4-C-5026 <b>Amendment Number:</b> #2 <b>State Fiscal Year:</b> 2005	
<b>Amended Service Description:</b> Nome Eskimo Community, this grant is amended to extend the original Period of Performance to November 30, 2005.			
<b>Approved Grant Project Budget Period:</b> Beginning: April 14, 2005 Original Ending: September 30, 2005 Amended Ending: November 30, 2005		<b>Issue Date:</b> April 14, 2005 <b>Current Award:</b> \$44,000 <b>Amended Award:</b> NA	
Year of Multi-year Duration Grant		No. of FTE Positions supported by this grant	
<b>Name and Mailing Address of Grantee</b> Nome Eskimo Community PO Box 1090 Nome, AK 99762		<b>Facility/Project Location:</b> Nome, Alaska and the Bering Straight region	
<b>Phone Number:</b> 907-443-2246 <b>Fax Number:</b>		<b>Email Address:</b>	

**TOTAL APPROVED GRANT PROJECT BUDGET WITH AMENDMENT**

Cost Category	THIS GRANT AWARD	All Other Grant Project Funding Sources					TOTAL PROJECT COST
		Match					
		Grant Income	Local Cash	Local In-Kind	Other	Other	
Market/Feasibility Study	16,800	0	0	0	0	0	\$16,800
Elder Service Plan	23,200	0	0	0	0	0	\$23,200
Administrative Costs	4,000	0	0	0	0	0	\$4,000
	0	0	0	0	0	0	\$0
	0	0	0	0	0	0	\$0
	0	0	0	0	0	0	\$0
<b>Total Direct Expense</b>	44,000	0	0	0	0	0	\$44,000
<b>Indirect Cost</b>	0	0	0	0	0	0	\$0
<b>TOTAL Costs</b>	\$44,000	\$0	\$0	\$0	\$0	\$0	\$44,000

Agencies expending \$500,000 or more total federal financial assistance in a fiscal year, may be required to comply with the Federal Single Audit Act. This grant contains \$44,000 in federal funds, identified by CFDA number below.

*I certify that I am authorized to negotiate, execute, and administer this agreement on behalf of the agency named above, and hereby consent to the terms and conditions of this agreement including all articles of this amended agreement and all appendices and attachments.*

**Name/Title of Authorized Grantee Representative:**

**Signature of Authorized Grantee Representative:**

**Date:**

*Dimuth Barango*

5/23/05

**Name/Title of Authorized DHSS Representative: Janet Clarke, Assistant Commissioner**

**Signature:**

**Date:**

*gmitter for*

5/27/05

**Summary of Funding (Dept. Use Only)**

Program Name	Fund Source	Collo Code	Amount	CFDA#	(RDU/Component)	(Acct)
0101-DC-2003-I14	FED	06-259-540	\$44,000	90.100		

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Grant No. 06-4-C-5026

The Alaska Department of Health & Social Services (hereinafter termed the grantor) and Nome Eskimo Community, (hereinafter termed the grantee) hereby stipulate that:

The grant agreement for grant number 06-4-C-5026 is amended by the following conditions. All other conditions of the original grant agreement remain effective for the term of the agreement. This grant is amended to extend the Period of Performance to November 30, 2005.